

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-2472-01**

MDR Tracking Number: M5-04-0166-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 09-12-03.

The IRO reviewed office visits, office visits with manipulations, muscle testing, range of motion measurements, function capacity exam, gait training, review of MMI/IR report only, myofascial release, joint mobilization, and therapeutic procedures rendered from 12-02-02 through 06-09-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, office visits with manipulations, muscle testing, range of motion measurements, function capacity exam, gait training, review of MMI/IR report only, myofascial release, joint mobilization, and therapeutic procedures. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-18-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11/12/02	95851	\$38.00	\$0.00	No EOB	\$36.00	MFG MGR (I)(E)(4)	Soap notes support delivery of service. Recommended Reimbursement \$ 36.00
11/15/02	97122	\$37.00	\$0.00		\$35.00	MFG MGR (I)(A)(10)(a)	Soap notes support delivery of service. Recommended Reimbursement \$ 35.00
01/07/03	99080-73	\$15.00	\$0.00		Rule 129.5	Rule 129.5 133-307 (g)(3)(A-F)	Work Status report was not submitted unable to confirm service rendered therefore, reimbursement is not recommended.
02/07/03	99080-73	\$15.00	\$0.00				Work status report submitted to confirm delivery of service. Recommended reimbursement \$15.00
TOTAL		\$106.00					The requestor is entitled to reimbursement of \$86.00

This Decision is hereby issued this 3rd day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 11-12-02 through 06-09-03 in this dispute.

This Order is hereby issued this 3rd day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 17, 2003

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0166-01
IRO Certificate No.: IRO 5055

REVISED REPORT
Revision to Disputed Services & Rationale

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant fractured his left femoral condyle in a work-related accident on _____. He was under approximately two months of conservative care, then completed five weeks of work hardening. The records indicate slow but steady progress of the patient up until the latter part of February 2003, at which time he began the work hardening program.

Disputed Services:

Office visits, office visits w/manipulation, muscle testing, range of motion measurements, functional capacity exam, gait training, review of MMI/IR report only, myofascial release, joint mobilization, and therapeutic procedures during the period of 12/02/02 through 06/09/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services and treatments in dispute as stated above were medically necessary in this case.

Rationale:

The patient did experience slow but steady progress up until the latter part of February 2003. At that time, he had not reached MMI, and an FCE was appropriate to determine his status. As noted, he had not yet reached pre-accident status, and the next logical step was a work hardening program. Subsequent office visits, muscle testing, range of motion testing and FCE's were medically necessary and reasonable to evaluate the patient's progress. The office visits with manipulations and gait training were medically necessary and reasonable as of the end of February 2003.

The follow-up appointments during this phase of care were also medically necessary and reasonable, as the treating doctor should stay current on the patient's progression. Finally, the office visits after the MMI date of 05/23/03 were necessary due to the fact that MMI in this case means that the patient is permanently impaired and should receive whatever care is medically reasonable and necessary. Review of the MMI/IR by the doctor was also reasonable and necessary.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,